

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005839

STATE FILE NUMBER

AMENDED

Registration District No. 179

Primary Registration District No. 5667

Registrar's No. 17

FILED VS FEB 27 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TROY</u>		c. CITY OR TOWN <u>FOZIA</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LINCOLN CO. HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>RT ONE</u>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>ADAM</u> Last <u>WATSON JR.</u>		4. DATE OF DEATH Month <u>FEB</u> Day <u>9</u> Year <u>1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-10-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of adult life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	
11. BIRTHPLACE (City and state or country) <u>PAYNESVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>NATHANIEL WATSON</u>		13b. MOTHER'S MAIDEN NAME <u>JANE WATTS</u>	
14. NAME OF HUSBAND OR WIFE <u>PAULINE WATSON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>JOHN A. WATSON, JR. - FOZIA, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PNEUMONIA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>UREMIA</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from <u>2-8-61</u> to <u>2-9-61</u> and last saw him alive on <u>2-9-61</u> Death occurred at <u>8:45</u> <u>A</u> .m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Reeslackwee DO</u>	
22b. ADDRESS <u>TROY MO.</u>		22c. DATE SIGNED <u>2-14-61</u>	
23a. BURIAL, CREMATION, RECOVERY (Specify) <u>BURIAL</u>		23b. DATE <u>FEB 12, 61</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>FOZIA-CEM.</u>		23d. LOCATION (City, town, or county) <u>FOZIA, MO.</u>	
24. FUNERAL DIRECTOR <u>GEO M COLLIER LOUISIANA</u>		25. DATE RECD. BY LOCAL REG. <u>2-20-1961</u>	
26. REGISTRAR'S SIGNATURE <u>Charlotte Leek.</u>		27. EMBALMER'S SIGNATURE <u>MO</u>	

(Indicate Embalmer's Statement on Reverse Side)

MAR 27 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geo. M. Callier

Licensed Embalmer No. 3839
P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.